

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000080669

Entity Name: HOMETOWN ANIMAL CLINIC, INC.

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

17100 ARVIDA PARKWAY
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

17100 ARVIDA PARKWAY
WESTON, FL 33331

New Mailing Address:

FEI Number: 65-0976248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELLOWS, JAN DVM
17100 DAVIDA PKWY
WESTON, FL 33362 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BELLOWS, JAN
Address: 17100 ARVIDA PARKWAY
City-St-Zip: WESTON, FL 33331

Title: VPD () Delete
Name: BELLOWS, ALLISON
Address: 17100 ARVIDA PARKWAY
City-St-Zip: WESTON, FL 33326

Title: VD () Delete
Name: BELLOWS, DAVID
Address: 17100 ARVIDA PARKWAY
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAN BELLOWS

_____ Electronic Signature of Signing Officer or Director

DR.

04/25/2007

_____ Date